Mailing Address (include city and zip code)  E-Mail Address  Select Appropriate Box(es) CANDIDATE PAC BAG POL PRTY IND EXP AMENDED ANNUAL I  Annual Filing - Due January 15, 2004  Period: January 1, 2003 - December 31, 2003	fapplicable)
Mailing Address (include city and zip code)  E-Mail Address  Select Appropriate Box(es) CANDIDATE PAC BAG POL PRTY IND EXP AMENDED ANNUAL I  Annual Filing - Due January 15, 2004  Period: January 1, 2003 - December 31, 2003	)831-412
Select Appropriate Box(es) CANDIDATE PAC BAG POL PRTY IND EXP AMENDED ANNUAL I  Annual Filing - Due January 15, 2004 Period: January 1, 2003 - December 31, 2003	FILING
Select Appropriate Box(es) CANDIDATE PAC BAG POL PRTY IND EXP AMENDED ANNUAL I  Annual Filing - Due January 15, 2004 Period: January 1, 2003 – December 31, 2003	FILING
Annual Filing - Due January 15, 2004 Period: January 1, 2003 - December 31, 2003	FILING
Period: January 1, 2003 – December 31, 2003	13,
	13,
	13,
Report #1 — Due August 31, 2004  Report #2 — Due August 31, 2004  Report #3 — Due August 31, 2004	
Incumbents in an Office with a 4-year term Period: Jan. 5, 2001 — Aug 26, 2004 Incumbents in an Office with a 6-year term Period: Dec. 20, 1998 — Aug 26, 2004	
All others Period: Jan. 1, 2004 – Aug. 26, 2004	
Ballot Advocacy Groups (BAGs) only: Period: Dec. 5, 2002 – Aug 26, 2004	
Report #2 Due October 26, 2004  Period: Aug. 27, 2004 Oct. 21, 2004  FOR OFFICE USE	ONLY
Report #3 Due — January 15, 2005*	
BAGs only:         Period:         Oct. 22, 2004 — Dec. 31, 2004           0ct. 22, 2004 - Dec. 5, 2004         Oct. 22, 2004 - Dec. 5, 2004	
Annual Filing – Due January 15, 2005	
Period: January 1, 2004 – December 31, 2004  * Third Report suffices for 2005 Annual Filing if candidate also filed Report Nos. 1 and 2	
Zana za	
	ulative n Beginning
of Re	port Period rough End
of Th	
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Total Monetary Contributions Received in Excess of \$100	
Total Monetary Contributions Received of \$100 or Less	
This Period Cumulative From Beginning of	
Report Period #1 Through End of	
This Reporting Period	
3. Total Amount of Monetary Contributions	
Received (Add Lines 1 and 2) — O —	
Total Value of In Kind Contributions Received in Excess of \$100	
Excess of \$100	
EXPENSES SUMMARY	_
5. Total Monetary Expenses Paid in Excess of \$100	<u> </u>
6. Total Monetary Expenses Paid of \$100 or Less	-
7. Total Amount of All Monetary Expenses Paid (Add Lines 5 and 6)	<ul> <li>A money of the first of the property of the first of the first of the property of the first of the property of the first o</li></ul>
8. Total Value of In Kind Expenses in Excess	
of \$100	
AFFIRMATION	
I Declare Under Penalty of Perjury That the Foregoing is True and Correct.	
1. 1000	
Hall 8/20 /04	
Signature	
EL201.doc PAGE OF 3	

BOB	W	10	LF
Name (print)			

Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
NA	-0-	-0-	-0-
		<u> </u>	<u> </u>
<del>N                                    </del>			4
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Name (print)

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
D	8/24/04	\$/30.65
		# :
	(See Previous Page) NRS 294A.365	(See Previous Page) NRS 294A.365  DATE OF EACH EXPENSE

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Rev: JUL-03

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CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT	State of Nevada
ROB WOLF INGID TRUSTEE  Name (print)  Office (if applicable)	District (if applicable)
576 IGNER WAY, LACLINE VILLAGE N	8945/ (if applicable) 85/15/85/4/2/
Mailing Address (include city and zip code)  RCWOLF NUDETR ORG	Telephone No.
E-Mail Address	
Select Appropriate Box(es) CANDIDATE PAC BAG POL PRTY IND EXP	AMENDED ANNUAL FILING
Annual Filing - Due January 15, 2004 Period: January 1, 2003 – December 31, 2003	2.43
Report #1 — Due August 31, 2004 Incumbents in an Office with a 4-year term Incumbents in an Office with a 6-year term All others  Ballot Advocacy Groups (BAGs) only:  Report #1 — Due August 31, 2004 Period: Jan. 5, 2001 — Aug 26, 2004 Period: Dec. 20, 1998 — Aug 26, 2004 Period: Jan. 1, 2004 – Aug. 26, 2004 Period: Dec. 5, 2002 – Aug 26, 2004	198
Report #2 Due — October 26, 2004 Period: Aug. 27, 2004 — Oct. 21, 2004	FOR OFFICE USE ONLY
Report #3 Due January 15, 2005* Period: Oct. 22, 2004 — Dec. 31, 2004  BAGs only: Period: Oct. 22, 2004 - Dec. 5, 2004	
Annual Filing – Due January 15, 2005	
Period: January 1, 2004 – December 31, 2004  * Third Report suffices for 2005 Annual Filing if candidate also filed Report Nos.	1 and 2
CONTRIBUTIONS SUMMARY	Cumulative From Beginning of Report Period #1 through End of This Reporting
Total Monetary Contributions Received in Excess of \$100	Period
Total Monetary Contributions Received of \$100 or Less	
This Period  Cumulative From Beginning of Report Period #1 Through End of This Reporting Period	
Total Amount of Monetary Contributions Received	
(Add Lines 1 and 2) Total Value of In Kind Contributions Received in Excess of \$100	6
EXPENSES SUMMARY  5. Total Monetary Expenses Paid in Excess of \$100	826.33 581 93
6. Total Monetary Expenses Paid of \$100 or Less 7. Total Amount of All Monetary Expenses Paid (Add Lines 5 and 6)	738 121
(Add Lines 5 and 6) 8. Total Value of In Kind Expenses in Excess of \$100	982,94
AFFIRMATION	
I Declare Under Penalty of Perjury That the Foregoing is True and Correct.	
Xohalle Weef	10/25/04
Signature PA	GE OF

eport	Period	#	2

BOB	WOLF	ے
Name (print)		

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH	AMOUNT OF EACH	CHECK HERE
	CONTRIBUTION	Contribution	IF LOAN
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BOB WOLF

ZVG/D TRUSTEE

District (if applicable)

## **Expense Categories**

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	н
** Goods and services provided in kind for which money would otherwise have been paid	ı
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	К

PAGE <u>3</u> OF <u>6</u>

<sup>\*\*</sup> NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.





# Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
UT PRINTING & Advertising NortheLake Pahre Bowanza	D	10/19/2004	581.93
NortheLake Tabul Bowanza	$\mathcal{D}$	10/11/2009	581.93 244.40

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Rev: JUL-03

PAGE 4 OF 6

BOB WOLF I.V. GID TROSTEE
Name (print) Office (If applicable)

District (if applicable)

## **IN KIND**

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
N/A				
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Revised: Jan-04

Bos NOUF

TIGID TRUSTES
Office (if applicable)

District (if applicable)

## **IN KIND**

# Expenses in Excess of \$100 Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
NA			
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#### DEAN HELLER Secretary of State

RENEE L. PARKER Chief Deputy Secretary of State

PAMELA A. RUCKEL Deputy Secretary for Southern Nevada

#### STATE OF NEVADA



SCOTT W. ANDERSON Deputy Secretary for Commercial Recordings

CHARLES E. MOORE

Securities Administrator

RONDA L. MOORE

Deputy Secretary

for Elections

# OFFICE OF THE SECRETARY OF STATE

October 13, 2004

#### Dear Candidate/Elected Official

I am confident that you share my conviction that campaign finance reporting should be complete and meaningful to promote open government and trust in our democratic process. It is critical that public disclosure of campaign finances be both transparent and understandable, not a pale imitation of the intent of the law. Unfortunately, the form approved by the Legislative Commission does not include information that is necessary to achieve meaningful disclosure of campaign contributions and expenses. Accordingly, as Secretary of State, I am requesting that you make voluntary disclosure of all your campaign funds, including beginning and ending balances, by submitting the following information and affixing your signature below.

Name: Office Sought or H	eld:	IVGIO RUSTEE
Signature: Signature D	ate: _	10-25-04
(A) Cash on Hand at beginning of this reporting period, which ends Oct. 21, 2004:	\$_	-0-
(B) Interest and Income Earned on Contributions during this period	\$	0
(C Total Amount of Monetary Contributions Received during this period: (Add figure in Line 3 of C & E Report to any Interest or Income earned)	\$_	-0- # 982.94
(D) Total Amount of All Monetary Expenses Paid during this period (Figure from Line 7 of C & E Report)	\$_	738.59
(E) Ending Cash on Hand on October 21, 2004:	\$.	_ <u>C</u>

Thank you for taking the time to respond to our request. You have demonstrated your desire to have meaningful disclosure of your campaign contributions and expenses.

My office will be compiling a list of those candidates/elected officials who voluntarily provide full disclosure of campaign monies, as well as those who decline to do so, and this information will be posted on our website for the public to view.

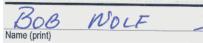
Respectfully submitted

DEAN HELLER Secretary of State

MAIN OFFICE 101 N. Carson Street, Suite 3 Carson City, Nevada 89701 Telephone (775) 684-5708 Fax (775) 684-5725 CORPORATE SATELLITE OFFICE 202 N. Carson Street Carson City, Nevada 89701 Telephone (775) 684-5708 Fax (775) 684-5725

LAS VEGAS OFFICES
555 E. Washington Avenue,89101
SECURITIES: SUITE 5200
Telephone (702) 486-2440
Fax (702) 486-2452
CORPORATIONS: SUITE 4000
Telephone (702) 486-2880
Fax (702) 486-2888

59	O TYNER WA	IVGII YINCLIX	applicable)	USTEE All	1844-1	District (if asplicable)
	iddress (include city and zip code)	LORGO	ie VILL	79C,1VV	Telephone No.	(115/65/-7
Mail Ad	ddress					
lect A	ppropriate Box(es) 🗖 CANDIDATE	E □ PAC □ BAG	☐ POL PRT	Y □INDEXP[	AMENDED	ANNUAL FILING
Annual Filing - Due January 15, 2004 Period: January 1, 2003 - December 31, 2003						
	t shock bulldary 1, 2000 Booch	1001 01, 2000				
]	Report #1 — Due Augus ats in an Office with a 4-year term		1004			
cumber others	nts in an Office with a 6-year term	Period: Dec. 20,	001 — Aug 26, 2 1998 — Aug 26,	2004		
	ivocacy Groups (BAGs) only:		004 – Aug. 26, 2 2002 – Aug 26, 2			
]	Report #2 Due — Octob				500	January Type
>	D. 4 #0 D		2004 — Oct. 21,	2004	FOR	OFFICE USE ONLY
4	Report #3 Due Janua	Period: Oct. 22,	2004 — Dec. 31			
\Gs on	•	·	2004 - Dec. 5, 2	004		
J	Annual Filing - Due Jan Period: January 1, 2004 - [	December 31, 2004	4			
Third	Report suffices for 2005 Ani	nual Filing if cand	lidate also fil	ed Report Nos	. 1 and 2	
						Cumulative
	CONTRIBUTIONS	SUMMARY			<del>-</del>	From Beginning of Report Period #1 through End
					This Period	of This Reporting
	Total Monetary Contributions R	eceived in Excess of	\$100		-0-	Period
	Total Monetary Contributions R	eceived of \$100 or L	ess		-0-	
			This Period	Cumulative From		
				Beginning of Report Period #1 Through End of		
		_	0	This Reporting Period		
3.	Total Amount of Monetary Co Received	ontributions				
4	(Add Lines 1 and 2)	in Description		ı , , , , , , , , , , , , , , , , , , ,	-0-	
4.	Total Value of In Kind Contribut Excess of \$100	ions Received in	0 -			
		EXPE	NSES SUN	MARY		
5.	Total Monetary Expenses Paid	in Excess of \$100			-0-	
	Total Monetary Expenses Paid				#46	, 90
	Total Amount of All Monetary (Add Lines 5 and 6)	•				
8.	Total Value of In Kind Expenses of \$100	s in Excess	-0-			
	3. <b>.</b>	<del></del>		<b>L</b>		
		A	FFIRMATI	NC		
Declar	e Under Penalty of Perjury Th	at the Foregoing is	True and Co	rrect.		
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# Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
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## **Expense Categories**

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	Н
** Goods and services provided in kind for which money would otherwise have been paid	ı
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	К

PAGE 3 OF 6

<sup>\*\*</sup> NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

Report Period #

District (if applicable)

# Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
NORTH LAKE TAHOE  AHA BONANZA  Gas-OIL- delwery	D	10/29/04	16.90
CAMPAIGN SIGNS	C	10/29/04 10/22/04 11/1/64	30,-
	-		

BOB WOLF JUGID TRUSTEE
Name (print) Office (if applicable)

District (if applicable)

## **IN KIND**

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
N/A				
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#### **IN KIND**

# Expenses in Excess of \$100 Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
i		
:		
	OF EACH IN KIND	OF EACH EACH IN KIND IN KIND

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Revised: Jan-04

Prescribed by Secretary of State NRS 294A.120, 294A.125, 294A.140, 294A.150, 294A.160 294A.200, 294A.210, 294A.220, 294A.362

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